

**2002 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L00000013118

1. Entity Name

INVESTOR'S EDGE LLC

**FILED**  
**Aug 25, 2002 8:00 am**  
**Secretary of State**

08-25-2002 90200 026 \*\*\*\*50.00

0000197

Principal Place of Business

201 S. ORANGE AVENUE, SUITE 200  
ORLANDO FL 32801

Mailing Address

201 S. ORANGE AVENUE, SUITE 200  
ORLANDO FL 32801

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number 59-3679575

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KALTBAUM, GARY  
201 S. ORANGE AVENUE, SUITE 200  
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME MGRM  
STREET ADDRESS KALTBAUM, GARY  
CITY-ST-ZIP 201 S. ORANGE AVENUE, SUITE 200  
ORANGE CA 32801 ☐ DeleteTITLE NAME MGRM  
STREET ADDRESS GRUBB, CARL A  
CITY-ST-ZIP PMB 131, 3525 DEL MAR HEIGHTS RD.  
SAN DIEGO CA 92130 ☒ DeleteTITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (4/02)